1999

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 1999

Federal Employer Identification Number			VOUCHER #1 Due Date: April 15,1999			
Name of Corporation, Partnership, or Ta	x-Option (S) Corpo	oration	AMOUNT OF PAYMENT	\$		
Street Address		Please do not staple your payment to	this voucher.			
City	State	Zip Code		P.O. Box 8912		
			Waddon, **** 007 00 0012	DC-046		
 1999 V	Visconsin (Composite Esti	mated Tax Voucher			
Form CN-ES For	Nonresident A	Athletes, Directors	, Partners, or Shareholders CNS for Calendar Year 1999			
Federal Employer Identification Number			VOUCHER #2			
			Due Date: June 15,1999			
Name of Corporation, Partnership, or Ta	x-Option (S) Corpo	AMOUNT OF PAYMENT	\$			
Street Address		Please do not staple your payment to	this voucher.			
City	State	Zip Code	Make your check payable to and mail to: Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912			
			Iviauison, vvi 33700-0312	DC-046		
ON EC		-	mated Tax Voucher			
		•	, Partners, or Shareholders CNS for Calendar Year 1999			
Federal Employer Identification Number			VOUCHER #3			
			Due Date: September 15,1999			
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$		
Street Address			Please do not staple your payment to	Please do not staple your payment to this voucher.		
City	State	Zip Code	Make your check payable to and m Wisconsin Department of Revenue P.O. Box 8912	P.O. Box 8912		

1999

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 1999

Federal Employer Identification Number			VOUCHER #4 Due Date: January 18, 2000		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
City	State	Zip Code	Make your check payable to and mail to: Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912		
				DC-046	
Form CN-ES For Nor	nresident Atl orm 1CNA, 1	nletes, Directors, CND, 1CNP, or 1	mated Tax Voucher Partners, or Shareholders CNS for Calendar Year 1999 VOUCHER #5 — EXTENSION PAY Due Date: April 17, 2000 AMOUNT OF PAYMENT	MENT	
Street Address			Please do not staple your payment to this voucher.		
City	State	Zip Code	Make your check payable to and m Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912	nail to:	
				DC-046	